



Incident Report

Print Date/Time: 07/20/2016 08:27
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012689

Incident Date/Time: 7/1/2016 3:00:26 PM
Location: MARKET PL / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 330-6500
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4F
Status: 4
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SKEGRUE, RICK		(425) 330-6500			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/01/2016 : 15:35:47 ss0131 Narrative: rearend @ less than 5 mph

07/01/2016 : 15:35:04 ss0131 Narrative: skegrud declined Aid once they arrived

07/01/2016 : 15:33:44 ss0131 Narrative: appears non-reportable until skegrud stated, "what about if i get a headache? what if i'm hurt?"

me "Are you hurt?"

skegrud "I might be!...Yeah, i'm hurt."

i summoned aid to scene

07/01/2016 : 15:15:31 SP0416 Narrative: AID OS

07/01/2016 : 15:11:30 SP0416 Narrative: ***AID FOR M CABN HEAD ACH

07/01/2016 : 15:06:21 SP0416 Narrative: blking

07/01/2016 : 15:01:44 SP0403 Narrative: LR403

07/01/2016 : 15:01:21 SP0403 Narrative: BLUE FORD PU VS WHITE TOYOTA 4RUNNER, PARKED SOUTH OF MARKETP PL ON SR 9 FACING NB

07/01/2016 : 15:00:59 SP0403 Narrative: CC, NOW, NON INJ, NON BLOCKING

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E559767**CASE # **16-12689**LOCAL AGENCY CODING **0664**TOTAL # OF UNITS **02** OBJECT STRUCK

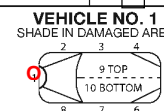
TRIBAL RESERVATION

DATE OF COLLISION **07** - **01** - **2016** TIME (2400) **1502** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐HWY **9** BLOCK NO. **0** 1DISTANCE **MARKET PL** OF (REFERENCE OR CROSS STREET)UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252249686**LAST NAME **RAMOS** FIRST NAME **JESUS** MIDDLE INITIALSTREET NEW ADDRESS **19920 67TH AVE NE**CITY **ARLINGTON** ST **WA** ZIP **98223**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **RAMOSJ*433D7** STATE **WA** SEX **M** D.O.B. **03** - **27** - **1957**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **153YNX** STATE **WA** VIN# **JTEBT14R658028341**

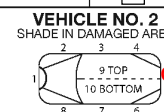
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **TOYT** MODEL **4RUNNE** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JESUS RAMOS 19920 67TH AVE NE ARLINGTON WA 98223 D: 4252249686**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 3931702D0847**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 3606526854**LAST NAME **SKEGRUD** FIRST NAME **RICHARD** MIDDLE INITIAL **J**STREET NEW ADDRESS **15332 56TH AVE NW**CITY **STANWOOD** ST **WA** ZIP **982920000**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **SKEGRRJ393Q0** STATE **WA** SEX **M** D.O.B. **11** - **20** - **1961**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **C37735D** STATE **WA** VIN# **1FT8W3BTXFE08072**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2015** MAKE **FORD** MODEL **F3PU** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **RICHARD SKEGRUD 15332 56TH AVE NW STANWOOD WA 982920000 D: 3606526854**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 964839510**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **C. WELLS** BADGE OR ID # **0131** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E559767**CASE # **16-12689**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-02-16 04:55 PM

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

7/3/2016 6:42:46 AM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	3:02 PM	TIME POLICE ARRIVED	3:05 PM
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PART B 3000-345-160 R (7/06)

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REPORT NO. E559767

CASE #

16-12689

DATE AND TIME
OF COLLISION

07/01/16 15:02

NARRATIVE

Unit #1 RAMOS was stopped behind Unit #2 SKEGRUD at the Hwy 9 / Market Place intersection. Unit #1 RAMOS thought the light turned green and began accelerating when he noticed the light was red. He said he bumped into Unit #2 SKEGRUD at less than 5 M.P.H.

I looked at Unit #1 and Unit #2. The total damaged appeared to be significantly less than \$1000. Unit #2 SKEGRUD told me that Unit #1 RAMOS didnt have insurance. Unit #1 RAMOS provided me a temporary insurance card that appeared to be expired. I called the insurance company who verified RAMOS had current insurance on the 2005 Toyota 4 Runner.

SKEGRUD initially stated he wasnt injured. When I told SKEGRUD the collision would be considered a non-reportable collision he interrupted me and stated, "Well...what about my headache?"

I asked him again if he was injured. He told me he was now injured with head injury, neck and back. I immediately summoned Fire/Aid to the scene.

SKEGRUD began demanding to look at Unit #1 RAMOS's vehicle and started walking towards Unit #1 RAMOS.

Due to SKEGRUD's alledged head, neck and back injury I had him stop and return to his vehicle to wait for Aid.

Aid arrived and SKEGRUD declined first aid.

Both RAMOS and SKEGRUD were provided with an exchange of information and released.

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OF COLLISION 07/01/16 15:02

